P- 26 FIBROSIS FREQUENCY IN A COHORT OF METABOLIC FATTY LIVER DISEASE RISK PATIENTS

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Introduction and Objectives: Metabolic fatty liver disease is the most important cause of chronic liver disease with estimated global prevalence of 25% and a latin America prevalence of about 44%. This study aimed to evaluate frequency of fibrosis in risk patients for metabolic liver disease in tertiary center, stratifying grades and presence of risk factors .

Material and Methods: Cross sectional study after informed consent. Clinical examination, bioimpedance and non invasive approach for fibrosis diagnosis by biomarkers and ultrasonography elastography were performed.

Results: Sixty nine patients were included, with 82% women and median age of 63 years. The BMI median was 31 kg/m^2. Significative fibrosis was present in 30,4% of patients by ultrasonography elastography. Twenty five percent of patients were classified as indeterminated zone fibrosis by FIB 4 and 8,7% with definitely advanced fibrosis risk by Fib4. APRI test results were, respectively, 18,5% and 2,1 %. Fibrosis risk was not associated to steatosis grade but to body corporal fat percentage and serum ferritin.

Conclusions: Our study evidenced approximately a tier of tertiary hospital patients at risk for metabolic fatty liver disease to have fibrosis using ultrasonography elastography. Biomarkers (FIB4 and APRI tests) had a lower frequency for fibrosis identification. Risk factors for fibrosis identified were body fat corporal percentage and serum ferritin.

	Fibrosis absent N 51	Fibrosis present N 18	N 69
HAS	84%	83%	NS
DM/ pré DM	66%/23%	77%/ 11%	NS
Obes	52%	50%	NS
Metabolic syndrome	80%	72%	NS
GGT	32 (25/45)	48,5 (27,5/78)	NS
ALT	20 (15,5/26)	25 (19/46)	p=0,08
AST	19 (16/23)	26 (20/36)	p=0,016
Vit D	26,9 (24/34)	23 (17/28)	p=0,06
Ferritin	146 (93/242)	80 (40/136)	p=0,04
% GC	44,6 (38/49)	46 (45/49)	P=0,02
EHT	5,05 (4,6/5,9)	8,8 (7,6/13,1)	-
Point SWE	0,81 (0,75/0,94)	1,7 (1,4/2,3)	-
2D SWE	5,2 (4,1/6,1)	8,0 (7,8/11)	-
CAP	287 (257/327)	297 (241/342)	NS

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P-27 DESCRIPTIVE STUDY ON PATIENTS WITH HEPATOCARCINOMA IN A PUBLIC HOSPITAL 2018-2023

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Introduction and Objectives: Hepatocellular carcinoma (HCC) is the most frequent malignant tumor of the liver. Patients with chronic liver damage (CLD) are at increased risk of HCC. Periodic screening seeks to increase survival. In Chile, information about patients with HCC is still scarce. This study aimed to describe clinical and epidemiological characteristics of patients with HCC from a public hospital in Santiago-Chile, during 2018-2023.

Materials and Methods: retrospective descriptive study on patients with HCC presented to the oncology committee, based on the hospital system's database. Analysis of variables age, sex, presence and characteristics of CLD, screening, tumor characteristics, treatment and survival, and statistical associations with the SPSS program.

Results: 114 patients were registered (56% men), with a mean age of 69 years. At diagnosis: 90% had CLD, 33% were diagnosed by screening, 51% with Child-Pugh A score, 52% had only one focal lesion, and the mean tumor size was 6.8 cm. More than 90% were not candidates for transplantation due to the Milan criteria and/or functionality (ECOG). 2 patients were transplanted; 54% were only eligible for palliative care. 64% had died at the time of the study, with an average survival of 179 days (range 1 – 886 days); 68% died within 6 months. There was a higher survival in Child-Pugh A versus C patients, and in screened versus non-screened patients (mean 278 vs. 150 days, respectively), both statistically significant (p<0,05).

Conclusions: The diagnosis of HCC continues to be late, with a low percentage of diagnosis through screening in patients with CLD, decreasing their survival, and with low access to curative therapy and liver transplantation. These data will be used to design a prospective model in order to improve the diagnosis and management of these patients.

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P-28 HEPATOTOXICITY OF PESTICIDES USED IN VITICULTURES IN THE SOUTHERN BRAZIL REGION

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Introduction and Objectives: Consumption of pesticides in the world has been growing exponentially, driven by green revolution, since the 40′s. In this context, impact of use of these products in human beings becomes a public health problem. Ethylene bisdithiocarbamates (EBDCs), such as Mancozeb, are fungicides used in Serra Gaúcha for vine cultivation. This study aimed to evaluate hepatotoxicity of pesticides from EBDC group in viticulture workers exposed to and not exposed to in southern Brazil.

Materials and Methods: Evaluation of 50 exposed and 48 non-exposed workers through interviews with application of a questionnaire, blood and urine collection. Subsequently, evaluation of hepatotoxicity (biochemical test), genotoxicity (DNA damage), acetylcholinestarase and biological exposure indicator (urinary ethylenethiourea) was carried out. Sample calculation and statistical analysis performed based on the effect size, with alpha-error 0.05% and power 90%.

Results: In non-exposed group, 70% were men, more than 90% were white, and 39.5% had only completed elementary school. We identified 50% as overweight/obese. In this group, 9 participants stated that they had been exposed to pesticides in past (> 5 years ago) with a report of one intoxication episode with symptoms. In the exposed group, 92% were men, 100% white and 44% reported having only completed elementary school. Furthermore, overweight/obesity was identified in 78%. Changes in liver function tests (AST/ALT) were present in 5 samples from exposed group (4 in overweight and/or obese participants). In 100% of participants was present biological

exposure indicator, including the non-exposed group. No change was identified in analysis of acetylcholinesterase in exposed group. Evaluation of DNA damage related to genotoxicity was significantly higher in pesticide exposure group.

Conclusions: Preliminary analyzes suggest that exposure to mancozeb is capable of causing damage to the worker's health, and may occur outside the occupational environment, since ethylenethiourea was identified even in urine samples from non-exposed group to the pesticide.

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P-29 INCIDENCE AND ASSOCIATED FACTORS OF HEPATOCELLULAR CARCINOMA IN PATIENTS WITH CHRONIC HEPATITIS B INFECTION IN A SINGLE CENTER IN PERU: A RETROSPECTIVE STUDY.

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Introduction and Objectives: Chronic Hepatitis B infection represents an isolated risk for the development of hepatocellular carcinoma. This study aimed to investigate the incidence of hepatocellular carcinoma and associated factors in patients with chronic Hepatitis B infection with at least 5-year follow-up.

Materials and Methods: Retrospective study. Patients with chronic hepatitis B infection with or without cirrhosis, who were treated at the Liver Unit of the National Hospital Arzobispo Loayza and had at least 5-year follow-up, were enrolled. Predictive scores for hepatocellular carcinoma such as REACH-B, PAGE-B, mPAGE-B, aMAP, CU-HCC, GAG-HCC, and LSM-HCC were calculated at enrollment. The crude and cumulative incidence of hepatocellular carcinoma in the study population was determined.

Results: 68 patients, 51.5% were males, and 25% had cirrhosis. The average age was 46.24 years. The incidence of hepatocellular carcinoma was 2.94% with a cumulative incidence of 0.51 person-year. In the univariate analysis, increased liver stiffness (kPa) (OR:1.1 (95% CI: 1.001 - 1.3), p<0.05) and lower albumin (g/dL) was associated with an increased risk of hepatocellular carcinoma.

Conclusions: The incidence of hepatocellular carcinoma was 2.9%. Increased liver stiffness and lower albumin, signs of cirrhosis, were predictive factors of hepatocellular carcinoma.

Table
Univariate analysis of hepatocellular carcinoma

	Univariate analysis OR (95% CI)
Age	1.08 (0.99 - 1.2)
Sex	
Female	Ref
Male	0.9 (0.03 - 24.4)
Albumin (g/dL)	0.8 (0.5 - 0.9)*
Platelets x10^9/L	0.9 (0.9-1)
Bilirubin (umol/L)	1.1 (0.9-1.2)
Liver stiffness measurement (Kpa)	1.1 (1.001-1.3)*

* $p < 0.05$

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P- 30 IMPACT OF SELF-REPORTED ANCESTRY IN HEPATOCELLULAR CARCINOMA IN HISPANIC POPULATIONS

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Introduction and Objectives: Hepatocellular carcinoma (HCC) related to non-alcoholic fatty liver disease (NAFLD) is a growing health concern in Latin America. This region has a mixed population with a diverse heritage that is rarely accounted for when looking at epidemiological studies. We aimed to assess the differences in the epidemiology and outcomes of HCC in Latin Americans based on self-reported ancestry.

Materials and Methods: We retrospectively evaluated data from the ESCALON network, which prospectively follows patients in South America. Self- reported ancestry data was categorized as European, Amerindian, African, Asian, Indigenous, or other. For this study we divided ancestry into two categories: European and non-European.

Results: 429 individuals with HCC from 6 countries were studied: Argentina (34% n=145), Chile (15% n=66), Ecuador (15% n=63), Peru (15% n=66), Colombia (14% n=60), and Brazil (7% n=29). The median age was 68 years and 65% were male. In those of European ancestry (31% n=131) median age was 66 years and 72% were male. In the non-European ancestry cohort (69% n=298) median age was 67 years and 62% were male. The most common causes of underlying liver disease were hepatitis C virus (38%), followed by alcohol use disorder (25%) in European ancestry and NAFLD (52%) followed by alcohol use disorder in non-European ancestry (23%). Both groups, European and non-European ancestry, had similar proportion of HCC diagnosed under surveillance (40% and 41% respectively) and similar presence of extrahepatic disease (47% and 50% respectively). 26% of those with European ancestry received curative therapy compared to 33% of those with non-European ancestry.

Conclusions: This is the first study addressing ancestry in Latin Americans with HCC. We found that HCC related to NAFLD was more common in patients of non-European descent. Future studies are warranted to better understand the impact of genetics within specific regions of the continent to understand the risk of HCC.

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